

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 007647599	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/				
2		/		/			52		/				
3		/		/			53		/				
4		/		/			54	/		/			
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7		/		/			57		/		/		
8		/		/			58	/		/	/		
9		/		/			59	/		/	/		
10		/		/			60	/		/	/		
11		/		/			61		/		/		
12		/		/			62		/		/		
13		/		/			63		/		/		
14		/		/			64		/		/		
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18		/		/			68		/		/		
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48		/		/			98		/		/		
49		/		/			99		/		/		
50		/		/			100		/		/		
TOTAL IND.	14		11				TOTAL IND.						
TOTAL DEP.	144		98				TOTAL DEP.						
TOTAL CLAIMS	158		109				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/647599

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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